

# PRELIMINARY DAMAGE ASSESSMENT (PDA) REPORT

## RESIDENTIAL/BUSINESS DAMAGE (Parts B & C)

FAX COMPLETED PDA REPORT TO MEMA DISASTER RECOVERY DEPARTMENT AT 508-820-1404

### 1: INCIDENT INFORMATION

(1) TYPE OF DAMAGE (check appropriate box(s):	PUBLIC <input type="checkbox"/>	RESIDENTIAL <input type="checkbox"/>	BUSINESS <input type="checkbox"/>	
(2) INCIDENT TYPE: (indicate type of storm or incident):				(3) INCIDENT DATE(S):
(4) REPORTING (check appropriate box):	INITIAL REPORT <input type="checkbox"/>	FOLLOW-UP <input type="checkbox"/>		(5) REPORT DATE:
(6) ESTIMATED NUMBER IMPACTED:	# RESIDENCES IMPACTED	# BUSINESSES IMPACTED		

### 2: CONTACT INFORMATION

(7) NAME OF CITY/TOWN/STATE AGENCY:	SOMERVILLE FIRE DEPARTMENT	(8) COUNTY:	MIDDLESEX
(9) LOCAL OFFICIAL CONTACT:	DEPUTY CHIEF THOMAS E. GRANEY		
(9) BUSINESS NUMBER:	617-623-1700 X 8100	(10) FAX NUMBER:	617-625-8101
(11) E-MAIL:	<a href="mailto:tgraney@ci.somerville.ma.us">tgraney@ci.somerville.ma.us</a>		

### PART D: RESIDENTIAL DAMAGE (if more space is needed, insert additional rows or copy this report

(12) STREET/ROAD NAME	(13) STREET/ROAD NUMBER(S)	(14) INSURANCE (Yes or No)	(15) (check applicable)		(16) (check applicable)		(17) (check applicable)			(18) Water Depth (ft)
			Multiple Family	Single Family	Basement	Floor #	Water	Sewer	Electrical	
(19) SPECIAL NEEDS CONSIDERATION:					(20) LANGUAGE:					

### PART E: BUSINESS DAMAGE (if more space is needed, insert additional rows)

(21) BUSINESS NAME/ PRIVATE NON-PROFIT FACILITY NAME	(22) STREET/ROAD NUMBER(S)	(23) CONTACT NUMBER	(24) INSURANCE (Yes or No)	(25)		(26) COMMENTS
				% Structure	% Contents Loss	

## Preliminary Damage Assessment (PDA) Instructions

### 1: INCIDENT INFORMATION

- (1) TYPE OF DAMAGE: Check type of damage (public, residential or business)
- (2) INCIDENT TYPE: Indicate incident type, such as hurricane, flood, coastal storm, windstorm, fire, etc)
- (3) INCIDENT DATE(S): Document the date(s) of storm incident
- (4) REPORTING: Check whether initial or follow-up report
- (5) REPORT DATE: indicate date submitting this report

### 2: CONTACT INFORMATION

- (6) NAME OF CITY/TOWN/STATE AGENCY: Governmental entity in which damage occurred
- (7) COUNTY: Name of county in which damage occurred
- (8) LOCAL OFFICIAL/TITLE: Name(s) and job title of local representatives who completed this PDA report
- (9) TELEPHONE NUMBER: Business/office phone number
- (10) FAX NUMBER: Fax number
- (11) E-MAIL ADDRESS: E-mail address

### PART B - RESIDENTIAL/BUSINESS DAMAGES

#### RESIDENTIAL DAMAGE

- (12) STREET OR ROAD NAME: Location (street or road name) of damage
- (13) STREET/ROAD NUMBER: Street/road number
- (14) INSURANCE COVERAGE: Indicate if known damage is insured (yes or no)
- (15) MULTIPLE FAMILY/SINGLE FAMILY: Check applicable housing type  
floor, etc)
- (17) WATER/SEWAGE/ELECTRICAL: Check applicable area of impact
- (18) WATER DEPTH: Indicate in feet/inches the water depth, if applicable
- (19) SPECIAL NEEDS CONSIDERATION: Report any special needs (i.e., elderly, disabled population)
- (20) LANGUAGE: Indicate bi-lingual population

#### BUSINESS DAMAGE

facility of damage

- (22) STREET/ROAD NUMBER: Street/road number
- (23) CONTACT NUMBER: phone number of business or facility owner
- (24) INSURANCE: Indicate if known damage is insured (yes or no)
- (25) STRUCTURAL/CONTENTS LOSS: Indicate percentage of structural or contents loss
- (26) COMMENTS: Additional impacts